

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10599405

Filing Date

Applicant(s) Mitsuyoshi YAMADA

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5	1						55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2			0		0						
Total Depend	9		←	0	←	0						
Total Claims	11	██████████		0	██████████	0	██████████					